



CRIMINAL JUSTICE PROGRAMS DIVISION  
GOVERNOR'S OFFICE OF EMERGENCY SERVICES

3650 SCHRIEVER AVENUE  
MATHER, CALIFORNIA 95655  
(916) 324-9100  
FAX: 327-5674



December 6, 2004

Lieutenant Robin Faille  
Yolo County Sheriff's Department  
41793 Gibson Road  
Woodland, CA 95776

Dear Lt. Faille:

The Governor's Office of Emergency Services (OES), Criminal Justice Programs Division, is pleased to announce the release of the Teaching Tolerance Program Request for Application (RFA). The project previously funded, Yolo County Sheriff's Department, is the only project eligible to receive funding under the Teaching Tolerance Program.

A copy of the RFA is enclosed. It can also be obtained from the website, [www.oes.ca.gov](http://www.oes.ca.gov) by following these steps: select Criminal Justice Programs Division, and RFA Funding Information.

The grant period will begin January 1, 2005, and end June 30, 2005. The total amount available for the Teaching Tolerance Program for this six-month grant period is anticipated to be \$50,000. This program is made available through federal Edward J. Byrne Memorial (Byrne) funds. Please note, funding is contingent on availability of the federal funds, successful project performance, and compliance with the grant award agreement.

To receive funding, the application should be received or postmarked by **Friday, December 31, 2004**. Instructions for mailing the application are included in the RFA.

Should you have questions, please contact Gina Roberson at (916) 324-9197.

Sincerely,

GILLSA MILLER, Chief  
Children's Section

Enclosure

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**TEACHING TOLERANCE PROGRAM**

**REQUEST FOR APPLICATION**



**DECEMBER 2004**

**GOVERNOR’S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**TEACHING TOLERANCE PROGRAM  
REQUEST FOR APPLICATION**

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**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**TEACHING TOLERANCE PROGRAM  
REQUEST FOR APPLICATION**

**PART I – INFORMATION**

**A. INTRODUCTION**

This Request for Application (RFA) provides all of the information and forms necessary to prepare an application for the Governor's Office of Emergency Services (OES) grant funds. The terms and conditions described in this RFA supersede all previous RFAs and any conflicting provisions stated in the *Grant Recipient Handbook*. However, the *Grant Recipient Handbook* provides helpful information you may wish to consult while developing your application. A copy can be obtained from website, [www.oes.ca.gov](http://www.oes.ca.gov). Applicant can select "Plans and Publications, RFA/RFP Grantee Handbook" to access the *Grant Recipient Handbook*.

**B. CONTACT INFORMATION**

***Gina Roberson***  
***(916) 324-9197***  
***fax: (916) 324-8554***  
***gina.roberson@oes.ca.gov***

Questions concerning this RFA, the application process, or programmatic issues should be submitted to the above contact person by telephone, fax or e-mail.

**C. APPLICATION DUE DATE**

To submit an application, applicant must deliver the application to OES **by 5:00 p.m.** on the due date, or mail the application postmarked by the due date.

**The Due Date Is: Friday, December 31, 2004.**

Applicant must submit **one original and one copy** of the application to:

Governor's Office of Emergency Services  
Criminal Justice Programs Division  
3650 Schriever Ave.  
Mather, CA 95655  
Attn: Teaching Tolerance Program RFA – Children's Section

If the application will be **hand-delivered**, it should be delivered to the Governor's Office of Emergency Services at 1130 K Street, Suite 300, Sacramento. Please note the following: 1130 K Street is located at the southwest corner of the intersection of 12th and K Streets. A Bank of America is located on the first floor of this building. Please note that K Street is a pedestrian mall. Indoor parking structures are located on the east side of 12th Street between K and L Streets (connected to the Hyatt Regency Hotel), and on 10th Street between K and L Streets. Street parking is limited and requires quarters for parking meters. Once you enter the building at 1130 K Street, take the elevator to the third floor and proceed straight down the hall to the Receptionist Office behind the double wooden doors labeled "State of California: Governor's Office of Emergency Services." The application will be date stamped and you may request a receipt.

**D. ELIGIBILITY**

**The previously funded project for the Teaching Tolerance Program is eligible to apply. For purposes of this RFA, Yolo County Sheriff's Department is the only project eligible to apply.**

**E. FUNDING CYCLE AND DURATION**

The Teaching Tolerance Program is funded with federal Edward J Byrne Memorial (Byrne) funds. The total amount available for the program is \$50,000 for the current grant period.

This is the final year of the funding cycle. The Byrne funds available through this RFA are for the six-month grant period beginning January 1, 2005, and ending June 30, 2005. This final year of funding will be awarded through a non-competitive reapplication process and is contingent upon availability of funds, compliance with program objectives, and project performance.

**F. PROGRAM INFORMATION**

The purpose of the Yolo County Teaching Tolerance Program is to provide a forum for law enforcement-guided discussion and instruction on issues concerning bias-based criminal conduct and related behaviors for all Yolo County high school students. It will provide high school students the opportunity to air their concerns and delve into their own biases, misconceptions and prejudices with the goal of sensitizing the youth and preventing the attitudes that lead to crimes of intolerance.

Funding for the Teaching Tolerance Program is made available under the federal Edward J. Byrne Formula Memorial State and Local Law Enforcement Assistance Program authorized by the Omnibus Crime Control and Safe Streets Act, Public Law 90-351, as amended. The Edward J. Byrne Formula Grant (Byrne) was established to respond aggressively and effectively to violent crime, and to reduce drug trafficking and abuse. The funding, initially established by Congress and the Executive Branch, is prioritized through Executive Orders from the President and through policy directives from the US Attorney General. Byrne funded projects must utilize one of the twenty-eight (28) Federal Program Purpose Areas. The Teaching Tolerance Program has been designated under Program Purpose Area # 4, "Providing community and neighborhood programs that assist citizens in preventing and controlling crime, including special programs that address the problems of crimes committed against the elderly and special programs for rural jurisdictions" and Program Purpose Area #24, "law Enforcement and prevention programs that relate to gangs, or to youth who are involved in or at risk of involvement of gangs."

**G. PREPARING AN APPLICATION**

For clarity, the forms in Part III include an Application Cover Sheet. Please complete the Application Cover Sheet and attach it to the front of the application.

The following five components are required for a complete application:

- Application Cover Sheet,
- Grant Award Face Sheet (Form A301),
- The Project Narrative,
- The Budget Narrative and Project Budget (Forms A303a-c), and
- The Application Appendix.

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**TEACHING TOLERANCE PROGRAM  
REQUEST FOR APPLICATION**

**PART II – INSTRUCTIONS**

The instructions in this section correspond to each of the application components, as well as to the forms provided in Part III.

Applicant must use the forms provided or computer-generated forms, and plain 8½" x 11" white paper for the project narrative sections. If computer-generated forms are used, they must duplicate the OES forms.

Application must be typed with characters no smaller than standard 12-pitch font. **Applicant must double-space all narrative sections of the application.**

Copies of the application must be assembled separately and individually fastened in the upper left corner. **Do not bind application.**

**A. THE PROJECT NARRATIVE**

The project narrative is the main body of information describing the problem to be addressed, the plan to address that problem through appropriate and achievable objectives and activities, and the ability of the applicant to implement the plan.

**1. Problem Statement**

A problem statement is not required.

**2. Plan and Implementation**

Briefly describe how each of the program objectives is being addressed. For this application, you may include copies of what was previously submitted, unless updates are necessary.

- a. Implement the Teaching Tolerance Curriculum in all county high schools by trained, uniformed sheriff's deputies serving the applicable school districts.
- b. Offer voluntary referrals to appropriate continuum of care for individual at-risk students identified through the presentation of the curriculum.
- c. Facilitate the formation and operation of Peer and Conflict Resolution Groups to teach acceptable and successful forms of dispute resolution without invoking bias and prejudice-based behaviors.
- d. Facilitate parental outreach and involvement activities.
- e. Maintain data on the number of trainings conducted, the number of students participating in the training, the number of schools as well as data on indicators as to effectiveness.

## **B. THE PROJECT BUDGET**

The purpose of the Project Budget is to demonstrate how the project will implement the proposed plan with the funds available through this program. Project costs must be directly related to the objectives and activities of the project. The budget must cover the entire grant period. In the budget, include **only** those items covered by grant funds, including match funds when applicable. Projects may supplement grant funds with funds from other sources. However, since all approved line items are subject to audit, applicant should not include in the project budget matching funds (if applicable) in excess of the required match. All budgets are subject to OES modifications and approval.

OES requires the applicant to develop a **line item** budget that will enable them to meet the intent and requirements of the program, ensure the successful implementation of the project, and be cost-effective. Failure of the applicant to include required items in the budget does not exclude responsibility to comply with those requirements during the implementation of the project. The applicant should refer to the *Grant Recipient Handbook* at [www.oes.ca.gov](http://www.oes.ca.gov). Applicant can select "Plans and Publications, RFA/RFP Grantee Handbook" for additional information concerning OES budget policy or to determine if specific proposed expenses are allowable. Contact the person listed on page 1, subsection B of this RFA if you have additional budget questions.

**The total amount available for the Yolo County Sheriff's Department Teaching Tolerance Program for the six-month grant period is anticipated to be \$50,000. The applicant shall budget this amount to achieve each of the program activities contained within this RFA.**

### **1. The Budget Narrative**

Applicant is required to submit a narrative with the project budget. The narrative must be typed and placed in the application in front of the budget pages. In the narrative describe:

- How the project's proposed budget supports the stated objectives and activities.
- The duties of project-funded staff, including any qualifications or education level necessary for the job assignment.

### **2. Specific Budget Categories**

There is a separate form in the Forms Section (Part III) for each of the following three budget categories:

- Personal Services – Salaries/Employee Benefits,
- Operating Expenses, and
- Equipment.

Each budget category requires line item detail that addresses the method of calculation and justification for the expense. Enter the amount of each line item in the right hand column of the Budget Category form. All charges must be clearly documented **and rounded off to the nearest whole dollar**. Enter the total amount of the budget category at the bottom of the form. If additional pages are needed, total only the last page of each budget category.

The bottom of the Equipment Category form contains a format for identifying the project total and fund distribution. This section must be completed and submitted even if there are no line items identified in the equipment category.



**a. Personal Services – Salaries/Employee Benefits (Form A303a):**

1) Salaries

Personal services include all services performed by staff who are directly employed by the applicant and must be identified by position and percentage of salaries. All other persons are to be shown as consultants in the Operating Expenses Category supported by a memorandum of understanding (MOU), contract, or operational agreement (OA), which must be kept on file by the grantee and made available for review during an OES site visit, monitoring visit, or audit. Furthermore, in the case of grants being passed through a grantee to be operated by another agency, the staff from the second agency will be shown in the Operating Expenses Category. In either case, they may be salaried or hourly, full-time or part-time positions. Sick leave, vacation, holidays, overtime, and shift differentials must be budgeted as salaries. If agency personnel have accrued sick leave or vacation time prior to the approval of grant funding, they may not take that time off using project funds.

2) Benefits

Employee benefits must be identified by type and percentage of salaries. Applicant may use fixed percentages of salaries to calculate benefits. Budgeted benefits cannot exceed those already established by the applicant.

Employer contributions or expenses for social security, employee life and health insurance plans, unemployment insurance, and/or pension plans are allowable budget items. Other benefits, such as uniforms or California Bar Association dues, are allowable budget items if negotiated as a part of an employee benefit package.

A line item is required for each different position/classification, but not for each individual employee. If several people will be employed full-time or part-time in the same position/classification, provide the number of full-time equivalents (e.g., three half-time clerical personnel should be itemized as 1½ clerical positions).

**b. Operating Expenses (Form A303b):**

Operating expenses are defined as necessary expenditures exclusive of personnel salaries, benefits and equipment. Such expenses may include specific items directly charged to the project, and in some cases, an indirect cost allowance. The expenses must be grant-related (e.g., to further the program objectives as defined in the grant award), and be encumbered during the grant period.

The following items fall within this category: consultant services such as subcontractors who are not employed by the applicant, travel, office supplies, training materials, research forms, equipment maintenance, software equipment rental/lease, telephone, postage, printing, facility rental, vehicle maintenance, answering service fees, and other consumable items. Furniture and office equipment with an acquisition cost of less than \$1,000 per unit (including tax, installation, and freight) **and/or with a useful life of less than one year fall within this category.**

**c. Equipment (Form A303c):**

Equipment is defined as nonexpendable tangible personal property having **a useful life of more than one year** and an acquisition cost of \$1,000 or more per unit (including tax, installation, and freight).

A line item is required for each different type of equipment, but not for each specific piece of equipment (e.g., three laser jet printers must be one line item, not three).

**C. THE APPLICATION APPENDIX**

The Application Appendix provides OES with additional information from the applicant to support components of the application. The following must be included:

- Operational Agreements
- Project Contact Information
- Additional Signature Authorization (if applicable)

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**TEACHING TOLERANCE PROGRAM  
REQUEST FOR APPLICATION**

**PART III – FORMS**

**CHECKLIST AND REQUIRED SEQUENCE**

This checklist is provided to assist the applicant in ensuring that a complete application is submitted to OES.

- ☐ APPLICATION COVER SHEET
- ☐ GRANT AWARD FACE SHEET – Signed by the official authorized to enter into Grant Award Agreement.
- ☐ CERTIFICATE OF ASSURANCE OF COMPLIANCE – See description under “Part IV: Additional Information, subsection B.2., Finalizing the Grant Award Agreement.”
- ☐ THE PROJECT NARRATIVE
  - Plan and Implementation
- ☐ THE PROJECT BUDGET
  - The Budget Narrative
  - Budget Forms – Forms A303a, A303b, A303c
- ☐ THE APPLICATION APPENDIX
  - Operational Agreements
  - Project Contact Information
  - Additional Signature Authorization (if applicable)



**CRIMINAL JUSTICE PROGRAMS DIVISION  
GOVERNOR'S OFFICE OF EMERGENCY SERVICES**

P.O. BOX 419047  
RANCHO CORDOVA, CA 95741-9047  
**(916) 324-9100**  
FAX: 327-5674



**APPLICATION COVER SHEET**

**RFA PROCESS**

**Teaching Tolerance Program RFA**

**Deliver to Children's Section**

Submitted by:

(Place name, address, and phone number of applicant here.)

## GRANT AWARD FACE SHEET INSTRUCTIONS

1. **Administrative Agency**  
Enter the complete name of the unit of government applying for funding (e.g., Alameda County, City of Fresno), also referred to as the “grantee.”
2. **Implementing Agency**  
Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g., Sheriff, Police Department), and the contact person’s name, address, and phone number. Include an e-mail address, if you have one.
3. **Project Title**  
Enter the complete title of the project. Do not use acronyms. Do not exceed 60 characters, including spaces and punctuation.
4. **Project Director**  
Enter the name, title, mailing address, and telephone number of the individual ultimately responsible for the project. This information must be limited to four lines.
5. **Financial Officer**  
Enter the name, title, mailing address, and telephone number of the person who will be responsible for all fiscal matters relating to the project. This person must be someone other than the project director. The reimbursement check for this project will be mailed to the address shown for the financial officer. This information must be limited to four lines.
6. **Award Number**  
Leave blank (to be completed by OES).
7. **Grant Period**  
Enter beginning and ending dates of funding as specified in the grant application instructions.
8. **Federal Amount**  
If applicable, enter the amount of federal funds requested for the project. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
9. **State Amount**  
If applicable, enter the amount of state funds requested for the project. If not applicable, enter N/A.
10. **Cash Match**  
If applicable, enter the amount of cash match. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
11. **In-Kind Match**  
If applicable, enter the amount of in-kind match. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
12. **Total Project Cost**  
Enter the sum of items 8, 9, 10, and 11. The amount must be consistent with the proposed budget.
13. **Official Authorized to Sign for Applicant/Grantee**  
Enter the signature, name, title, address, and telephone number of the official authorized to enter into the Grant Award Agreement for the city/county or community-based organization, as stated in the

language between items 12 and 13 of the Grant Award Face Sheet (Form A301). **Provide an original signature of the authorized official in blue ink.**

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
CRIMINAL JUSTICE PROGRAMS DIVISION**

**GRANT AWARD FACE SHEET (FORM A301)**

The Governor's Office of Emergency Services, hereafter designated OES, hereby makes a grant award of funds to the following

**Administrative Agency (1)** \_\_\_\_\_

hereafter designated Recipient, in the amount and for the purpose and duration set forth in this grant award.

**(2) Implementing Agency Name** \_\_\_\_\_

**Contact** \_\_\_\_\_ **Address** \_\_\_\_\_

**E-mail address** \_\_\_\_\_ **Telephone (      )** \_\_\_\_\_

<b>(3) Project Title</b> (60 characters maximum)	<b>(6) Award No.</b>
<b>(4) Project Director</b> (Name, Title, Address, Telephone, E-mail) (five lines maximum)	<b>(7) Grant Period</b>
	<b>(8) Federal Amount</b>
	<b>(9) State Amount</b>
<b>(5) Financial Officer</b> (Name, Title, Address, Telephone, E-Mail) (five lines maximum)	<b>(10) Cash Match</b> N/A
	<b>(11) In-Kind Match</b> N/A
	<b>(12) Total Project Cost</b>

**This grant award consists of this title page, the application for the grant which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify that: (1) I am vested with authority to, and have the approval of the City/County Financial Officer, City Manager, or Governing Board Chair, enter into this grant award agreement; and (2) all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Program Guidelines, the *Grant Recipient Handbook*, and the OES audit requirements, as stated in this RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in this RFP or RFA.**

<p style="text-align: center;"><b><u>FOR OES USE ONLY</u></b></p> <p>Item: _____</p> <p>Chapter: _____</p> <p>PCA No.: _____</p> <p>Components No.: _____</p> <p>Project No.: _____</p> <p>Amount: _____</p> <p>Split Fund: _____</p> <p>Split Encumber: _____</p> <p>Year: _____</p> <p>Fed. Cat. #: _____</p> <p>Match Requirement: _____</p> <p>Fund: _____</p> <p>Program: _____</p> <p>Region: _____</p>	<p><b>(13) Official Authorized to Sign for Applicant/Grant Recipient</b></p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>Telephone: (      ) _____</p> <p>E-mail address _____</p> <p>Date: _____</p> <hr/> <p style="text-align: center;"><b>FOR OES USE ONLY</b></p> <p>I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.</p> <table style="width: 100%;"><tr><td style="width: 60%;">_____ OES Fiscal Officer</td><td style="width: 40%;">_____ Date</td></tr><tr><td>_____ OES Executive Director</td><td>_____ Date</td></tr></table>	_____ OES Fiscal Officer	_____ Date	_____ OES Executive Director	_____ Date
_____ OES Fiscal Officer	_____ Date				
_____ OES Executive Director	_____ Date				

## CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, \_\_\_\_\_, hereby certify that:  
(official authorized to sign grant award; same person as line 13 on Grant Award Face Sheet)

GRANTEE: \_\_\_\_\_

IMPLEMENTING AGENCY: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

is responsible for reviewing the *Grantee Handbook*<sup>1</sup> and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by OES including, but not limited to, the following areas:

### I. **Equal Employment Opportunity – (*Grantee Handbook Section 2151*)**

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **OES-funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Affirmative Action Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### II. **Drug-Free Workplace Act of 1990 – (*Grantee Handbook Section 2152*)**

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug free workplace.

### III. **California Environmental Quality Act (CEQA) – (*Grantee Handbook Section 2153*)**

The State of California requires all OES-funded projects to obtain written certification that the project is not impacting the environment negatively.

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<sup>1</sup>The *Grantee Handbook* can be obtained from [www.oes.ca.gov](http://www.oes.ca.gov). Applicant can select “Plans and Publications, RFA/RFP Grantee Handbook” to access the *Grantee Handbook*.



**IV. Lobbying – (*Grantee Handbook Section 2154*)**

OES grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

**V. Debarment and Suspension – (*Grantee Handbook Section 2155*)**  
*(This applies to federally funded grants only.)*

OES-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

**VI. Proof of Authority from City Council/Governing Board**

The above-named organization (applicant) accepts responsibility for and will comply with the requirement to obtain written authorization from the city council/governing board in support of this program. The applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from OES shall not be used to supplant expenditures controlled by the city council/governing board.

The applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The applicant is also required to maintain said written authorization on file and readily available upon demand.

All appropriate documentation must be maintained on file by the project and available for OES or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the grantee may be ineligible for award of any future grants if the OES determines that any of the following has occurred: (1) the grantee has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

### CERTIFICATION

I, the official named below, am the same individual authorized to sign the Grant Award Agreement [line 13 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Authorized Official's Signature: \_\_\_\_\_

Authorized Official's Typed Name: \_\_\_\_\_

Authorized Official's Title: \_\_\_\_\_

Date Executed: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Executed in the City/County of: \_\_\_\_\_

### AUTHORIZED BY:

- City/County Financial Officer
- City Manager
- Governing Board Chair

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**THE PROJECT NARRATIVE**  
**GOES HERE**

No standard forms are provided for the Project Narrative.

See Instructions in Part II of this RFA for details.

**THE PROJECT BUDGET**  
**THE BUDGET NARRATIVE**

**GOES HERE**

No standard forms are provided for the Budget Narrative.

See Instructions in Part II of this RFA for details.

BUDGET CATEGORY AND LINE ITEM DETAIL	
A. Personal Services – Salaries/Employee Benefits	COST
<b>TOTAL</b>	

Form A303a

BUDGET CATEGORY AND LINE ITEM DETAIL	
B. Operating Expenses	COST
<b>TOTAL</b>	

Form A303b



**THE APPLICATION APPENDIX**  
**GOES HERE**

See Instructions in Part II of this RFA for details.



## SAMPLE OPERATIONAL AGREEMENT

This Operational Agreement stands as evidence that the (applicant agency) and the (agency) intend to work together toward the mutual goal of providing maximum available assistance for crime victims residing in (jurisdiction). Both agencies believe that implementation of the (program) application, as described herein, will further this goal. To this end, each agency agrees to participate in the program, if selected for funding, by coordinating/providing the following services:

The (applicant agency) project will closely coordinate the following services with the (agency) through:

- Project staff being readily available to (agency) for service provision through (describe arrangements with the agency);
- Regularly scheduled meetings (how often) between (persons/positions) to discuss strategies, timetables and implementation of mandated services.

\* Specifically:

\* List specific activities that will be undertaken between the two agencies or other specifics of the agreement.

We, the undersigned, as authorized representatives of (applicant agency) and (agency), do hereby approve this document.

For \_\_\_\_\_

For \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## **PROJECT CONTACT INSTRUCTIONS**

1. Provide the name, title, address, telephone number, and e-mail address for the person having day-to-day responsibility for the project.
2. Provide the name, title, address, telephone number, and e-mail address for the person to whom the person listed in #1 is accountable.
3. Provide the name, title, address, telephone number, and e-mail address for the Chief Executive of the implementing agency.
4. Provide the name, title, address, telephone number, and e-mail address for the financial officer for the project.
5. Provide the name, title, address, telephone number, and e-mail address for the project director for the project.
6. Provide the name, title, address, telephone number, and e-mail address for the Chair of the Governing Body of the implementing agency.

## PROJECT CONTACT INFORMATION

Applicant: \_\_\_\_\_ Grant Number \_\_\_\_\_  
(FOR OES USE ONLY)

Provide the name, title, address, telephone number, and e-mail address for the project contact persons named below. **If a section does not apply to your project, enter "N/A."**

1. The **person** having **day-to-day responsibility** for the project:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (    )	Fax Number: (    )	
E-Mail Address:		

2. The **person** to whom the person listed in **#1 is accountable**:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (    )	Fax Number: (    )	
E-Mail Address:		

3. The **executive director** of a nonprofit organization or the **chief executive officer** (e.g., chief of police, superintendent of schools) of the implementing agency:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (    )	Fax Number: (    )	
E-Mail Address:		

4. The **financial officer** for the project:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (    )	Fax Number: (    )	
E-Mail Address:		

5. The **project director** for the project:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (    )	Fax Number: (    )	
E-Mail Address:		

6. The **chair** of the **governing body** of the implementing agency: *(Provide address and telephone number other than that of the implementing agency.)*

Name:	Title:	
Address:	City:	Zip:
Telephone Number: (    )	Fax Number: (    )	

E-Mail Address:

## **ADDITIONAL SIGNATURE AUTHORIZATION INSTRUCTIONS**

Applicant may request signature authority in addition to the designated Project Director and/or Financial Officer by completing an Additional Signature Authority form and submitting it with the Grant Award Forms package. Space is provided for the addition of up to five (5) additional authorizations for the Project Director or Financial Officer.

No single individual may be authorized to sign for both the Project Director and the Financial Officer. **By signing the bottom of this form, the Project Director and/or Financial Officer authorize the person(s) identified on the form to act on their behalf on all grant-related matters.**

## ADDITIONAL SIGNATURE AUTHORIZATION

Grant Award #: \_\_\_\_\_

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

Grant Period: \_\_\_\_\_ to \_\_\_\_\_

The following persons are authorized to sign for:

### Project Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

### Financial Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

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### Approved By:

Project Director: \_\_\_\_\_

\_\_\_\_\_  
Date

Financial Officer: \_\_\_\_\_

\_\_\_\_\_  
Date

Regional/Local  
Planning Director: \_\_\_\_\_

\_\_\_\_\_  
Date

